

MEDICINE BOARD[653]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Board of Medicine hereby proposes to amend Chapter 21, “Physician Supervision of a Physician Assistant,” Iowa Administrative Code.

The purpose of Chapter 21 is to establish eligibility requirements and supervisory requirements for medical physicians and surgeons and osteopathic physicians and surgeons who supervise physician assistants. Proposed rule 653—21.4(147,148,148C,272C,86GA,SF505) implements 2015 Iowa Acts, Senate File 505, division XXXI, section 113, which directs the Boards of Medicine and Physician Assistants to jointly adopt rules pursuant to Iowa Code chapter 17A to establish specific minimum standards or a definition of supervision for appropriate supervision of physician assistants by physicians. The Boards are to jointly file Notices of Intended Action pursuant to Iowa Code section 17A.4(1)“a” on or before February 1, 2016, for adoption of such rules.

The Board approved this Notice of Intended Action during a regularly scheduled meeting on December 10, 2015.

Any interested person may present written comments on the proposed amendments not later than 4:30 p.m. on February 12, 2016. Such written materials should be sent to Mark Bowden, Executive Director, Board of Medicine, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa 50309-4686; or sent by e-mail to mark.bowden@iowa.gov.

There will be a public hearing on February 12, 2016, from 9 to 11 a.m. at the Board’s office, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa, at which time persons may present their views either orally or in writing.

After review and analysis of this rule making, no negative impact on private sector jobs and employment opportunities within the state of Iowa has been found.

These amendments are intended to implement Iowa Code chapters 147, 148, 148C and 272C and 2015 Iowa Acts, Senate File 505, division XXXI, section 113.

The following amendments are proposed.

ITEM 1. Renumber rules **653—21.4(148,272C)** to **653—21.7(17A,147,148,272C)** as **653—21.5(148,272C)** to **653—21.8(17A,147,148,272C)**.

ITEM 2. Adopt the following **new** rule 653—21.4(147,148,148C,272C,86GA,SF505):

653—21.4(147,148,148C,272C,86GA,SF505) Specific minimum standards for appropriate supervision of a physician assistant by a physician. This rule establishing the minimum standards for appropriate supervision of a physician assistant by a physician in the state of Iowa is hereby jointly adopted by the board of medicine and the board of physician assistants in accordance with 2015 Iowa Acts, Senate File 505, division XXXI, section 113.

21.4(1) Minimum standards. The following are minimum standards for appropriate supervision of a physician assistant by a physician in the state of Iowa:

a. Review of requirements. Before a physician can supervise a physician assistant practicing in Iowa, both the supervising physician and the physician assistant shall review all of the requirements of physician assistant licensure, practice, supervision, and delegation of medical services as set forth in Iowa Code section 148.13, Iowa Code chapter 148C, this chapter, and 645—Chapters 326, 327, 328 and 329.

b. Face-to-face meetings. The supervising physician and the physician assistant shall meet face-to-face a minimum of twice annually. If the physician assistant is practicing at a remote site, at least one of the two meetings shall be at the remote site. The face-to-face meetings are for the purpose of discussing topics deemed appropriate by the physician or the physician assistant, including supervision requirements, assessment of education, training, skills, and experience, review of delegated services, and discussions of quarterly and annual reviews.

c. Assessment of education, training, skills, and experience. The supervising physician and the physician assistant shall each ensure that the other party has the appropriate education, training, skills, and relevant experience necessary to successfully collaborate on patient care delivered by the team.

d. Communication. The supervising physician and the physician assistant shall communicate and consult on medical problems, complications, emergencies, and patient referrals as indicated by the clinical condition of the patient.

e. Quarterly review. There shall be a documented quarterly review of a representative sample of the physician assistant's patient charts encompassing the scope of the physician assistant's practice.

f. Annual review. The supervising physician shall annually review the physician assistant's clinical judgment, skills, and performance. The review shall be documented and shall contain feedback and recommendations as appropriate.

g. Delegated services. The medical services and medical tasks delegated to and provided by the physician assistant shall be in compliance with 645—subrule 327.1(1). All delegated medical services shall be within the scope of practice of the supervising physician and the physician assistant. The supervising physician and the physician assistant shall have the education, training, skills, and relevant experience to perform the delegated services prior to delegation.

h. Timely consultation. The supervising physician shall be available for timely consultation with the physician assistant, either in-person or by telephonic or other electronic means.

i. Alternate supervision. If the supervising physician will not be available for any reason, an alternate supervising physician will be available to ensure continuity of supervision. The physician will notify the alternate supervising physician that the alternate supervising physician is to be available for a timely consult and will notify the physician assistant of the means by which to reach the alternate supervising physician. The physician assistant shall not practice if supervision is not available.

j. Failure to supervise. Failure to adequately direct and supervise a physician assistant or failure to comply with the minimum standards of supervision in accordance with this chapter, Iowa Code chapter 148C, Iowa Code section 148.13, and 645—Chapters 326, 327, 328 and 329 may be grounds for disciplinary action for both the physician and the physician assistant.

21.4(2) Amendment. Rule 653—21.4(147,148,148C,272C,86GA,SF505) can only be amended by agreement of the board of medicine and the board of physician assistants through a joint rule-making process.

21.4(3) Waiver or variance prohibited. Rule 653—21.4(147,148,148C,272C,86GA,SF505) is not subject to waiver or variance pursuant to 653—Chapter 3 or 645—Chapter 18, Iowa Code section 17A.9A, or any other provision of law.

ITEM 3. Amend **653—Chapter 21**, implementation sentence, as follows:

These rules are intended to implement Iowa Code sections 148.13 and 272C.3 and 2015 Iowa Acts, Senate File 505, division XXXI, section 113.